POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_PS_	66621	9/5
O.I.P.E. CLASSIFIER	_Dn_	72	9/11
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		66694	10-19
	_ZM_	727	11/19/21

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral) Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim	Date	Claim	Date	Claim	Date
Final / Original		Final / Original		Final / Original	
(1) ✔		51		101	
2 ✔		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
14		64		114	
15		65		115	
16		66		116	
17		67		117	
18		68		118	
19		69		119	
20		70		120	
21		71		121	
22		72		122	
23		73		123	
24		74		124	
25		75		125	
26		76		126	
27		77		127	
28		78		128	
29		79		129	
30		80		130	
31		81		131	
32		82		132	
33		83		133	
34		84		134	
35		85		135	
36		86		136	
37		87		137	
38		88		138	
39		89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If mor   than 150 claims or 10 actions
staple additional sheet her

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